

<b>Case Number:</b>	CM15-0021163		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/11/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on 01/11/2012. The diagnoses have included carpal tunnel syndrome. Noted treatments to date have included trigger finger release of the right hand on 09/08/2014, Occupational Therapy, physical therapy, home exercise program, and medications. Diagnostics to date have included electromyography/nerve conduction studies on 01/17/2014 which showed moderate right and severe left carpal tunnel syndrome, according to a progress report. In a progress note dated 01/16/2015, the injured worker presented with complaints of continued achy pain of the right thumb. The treating physician reported the injured worker continues with soreness in the right hand, but generally better. A progress noted dated 12/10/2014 states that the injured worker's scar at the 1st dorsal compartment is now only slightly sensitive to touch and the swelling over the scar has decreased Utilization Review determination on 01/22/2015 non-certified the request for Scar Massaging Gel/Dermatran (Baclofen 2%, Bupivaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3%) citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Scar massaging gel (Dermatran), baclofen 2%, bupivaine 1%, cyclobenzaprine 2%, DMSO 4%, gabapentin, 6%, orphenadrine 5%; quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 200).

**Decision rationale:** Regarding the request for Scar massaging gel (Dermatran), CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Scar massaging gel (Dermatran) is not medically necessary.